

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445515	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  02/18/2016
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 CEDAR LANE TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  During the Annual Recertification and Complaint survey conducted on 2/16/16 to 2/18/16, at NHC Healthcare, Tullahoma, no deficiencies were cited in relation to complaints #36774, 37491, 37757, and 37831, under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED  The assessment must accurately reflect the resident's status.  A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.  A registered nurse must sign and certify that the assessment is completed.  Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.  Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.  Clinical disagreement does not constitute a	F 278	F 278  02/17/16 DON reviewed resident #75's MDS with RN MDS Coordinator that completed the MDS and correction noted.  02/19/16 RN MDS coordinators reviewed all current resident MDS for correct antidepressant administration coding and no other errors were noted.  02/17/16 DON in-serviced the RN MDS coordinators regarding the coding of antidepressants correctly on the MDS.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 278	<p>Continued From page 1 material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to accurately complete a Minimum Data Set (MDS) for 1 (Resident #75) of 30 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident # 75 was admitted to the facility on 9/9/14 with diagnoses of Schizophrenia, Major Depressive Disorder, Delusional Disorder, Type II Diabetes, Acquired Absence of Left Leg Above the Knee, Polyneuropathy, Peripheral Vascular Disease, Lack of Coordination, Persistent Mood Disorder, Hypothyroidism, Essential Hypertension and Insomnia.</p> <p>Medical record review of a Physician Recapitulation Order dated 12/15/15 revealed Escitalopram (a medication used to treat depression) 5mg, one by mouth daily.</p> <p>Medical record review of the Medication Administration Record for 12/15/15 revealed the resident received Escitalopram daily from 12/1-12/31/15.</p> <p>Medical record review of a Quarterly MDS dated 12/15/15 revealed that zero doses of Antidepressant drugs had been received by the resident in the past 7 day (7 days prior to 12/15/15).</p> <p>Interview with the MDS Coordinator on 2/18/16 at</p>	F 278	<p>Beginning in March the DON will conduct a QA monitor regarding the correct coding of antidepressants on the MDS. For March and April, the DON will review 5 resident MDS, current receiving antidepressants, to verify correct MDS coding. The DON will monitor compliance of this study, address results as indicated and report to the center's Quality Assurance committee which consists of the Administrator, Director of Nursing, Medical Director, Social Worker, Health Information Manager, Director of Dietary and Nurses Managers. The study will continue as directed by the Quality Assurance Committee.</p>	3/1/16	



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F 278	Continued From page 2 2:32 PM, in his office confirmed the facility had failed to accurately complete the 12/15/15 quarterly MDS for Resident #75 by failing to accurately assess the administration of the antidepressant medication Escitalopram.	F 278			